



United States Department of State

*Office of Foreign Missions
Washington, D.C. 20520*

NOTICE

Procedures for the Social Security Program

The Office of Foreign Missions (OFM) and the Social Security Administration (SSA) currently manage a program to assist diplomats, consular officers and administrative and technical staff in obtaining Social Security numbers (SSNs). Eligible foreign nationals who wish to obtain a Social Security number must fill out the necessary form and present proper documentation to an SSA officer for processing at one of two convenient locations:

1. OFM, 3507 International Place, NW (SA-33). A Social Security Administration officer will process requests on a walk-in basis, the last Wednesday of each month between the hours of 9 AM and 11 PM. Customers will be served in the order of their arrival.
2. The SSA office, 2100 M Street, NW (on the corner of 21st Street and M Street) Appointments may be scheduled every Thursday morning between the hours of 10 AM and 11:30 AM.

Foreign diplomats, consular officers, and administrative and technical staff must send an email to ofmsocialsecurity@state.gov to arrange for one of the four half-hour appointments available at the Social Security Administration's M Street Office each Thursday. ***In this email the applicant must state their requested date and time, name, mission, and telephone number.*** Since appointments are often booked well in advance, it is advised that applicants request a series of dates and times. Once an appointment is secured for an applicant, OFM will provide an email confirmation of the date and time of the appointment.

ELIGIBILITY REQUIREMENTS

Prospective applicants to this program must meet the following criteria in order to be approved for a Social Security number:

1. Persons who have entered the U.S. on an A-1, A-2, G-1, G-4 and certain types of G-3 visas, and
2. Are a "**principal diplomatic agent**" or a dependent with work authorization.

Dependents of principal diplomatic agents may apply for a Social Security number ONLY if they already have papers issued by the U.S. Immigration Service that grant them permission to work in the United States. No other persons may apply for a Social Security number under this program.

It is mandatory that the following items be available during your appointment:

- Valid Passport
- Valid US Visa (A-1, A-2, G-1, G-4 and certain types of G-3)
- Copy of original Form I-94
- Completed Form SS-5, Application for Social Security Card
<http://www.ssa.gov/online/ss-5.pdf> (must have Adobe Acrobat to open). See attached SS-5 example to determine the necessary information needed to consider a diplomatic application complete.

What if I do not receive my card within 2 months?

The Office of Foreign Missions cannot assist the diplomatic and consular communities with problems surrounding the issuance of a Social Security Number. All inquiries regarding this matter should be addressed directly with the Social Security Administration.

The Social Security Administration can be contacted through their website <http://www.ssa.gov> or through their toll-free customer service phone number

1-800-772-1213.

February 6, 2006

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME → TO BE SHOWN ON CARD	First JOHN	Full Middle Name 	Last DIPLOMAT
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
2	MAILING ADDRESS → Do Not Abbreviate	Street Address, Apt. No., PO Box, Rural Route No. 3507 INTERNATIONAL PL NW City: WASHINGTON State: DC ZIP Code: 20008 -		
3	CITIZENSHIP → (Check One)	☐ U.S. Citizen ☒ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work (See Instructions On Page 2) ☐ Other (See Instructions On Page 2)		
4	SEX →	☒ Male ☐ Female		
5	RACE/ETHNIC DESCRIPTION → (Check One Only - Voluntary)	☐ Asian, Asian-American or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian or Alaskan Native ☐ White (Not Hispanic)		
6	DATE OF BIRTH → 02/06/2006 Month, Day, Year	7	PLACE OF BIRTH → BERN SWITZERLAND (Do Not Abbreviate) City State or Foreign Country FCI	
8	A. MOTHER'S NAME AT HER BIRTH →	First JANE	Full Middle Name 	Last Name At Her Birth DIPLOMAT
	B. MOTHER'S SOCIAL SECURITY NUMBER → (See instructions for 8B on Page 2)	_ _ _ - _ _ - _ _ _		
9	A. FATHER'S NAME →	First JACK	Full Middle Name 	Last DIPLOMAT
	B. FATHER'S SOCIAL SECURITY NUMBER → (See instructions for 9B on Page 2)	_ _ _ - _ _ - _ _ _		
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes", answer questions 11-13.) ☐ No (If "no," go on to question 14.) ☐ Don't Know (If "don't know," go on to question 14.)			
11	Enter the Social Security number previously assigned to the person listed in item 1. →	_ _ _ - _ _ - _ _ _		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. →	First	Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card. →	_ _ / _ _ / _ _ Month, Day, Year		
14	TODAY'S DATE → _ _ / _ _ / _ _ Month, Day, Year	15	DAYTIME PHONE NUMBER → (_) _ - _ _ _ _ Area Code Number	
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
16	YOUR SIGNATURE → [Signature]		17	
		YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: ☒ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other (Specify)		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
PBC	EVI	EVA	EVC	PRA
NWR		DNR	UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW _____ DATE _____ DATE	
			DCL DATE	